

Name  
in  
Full

No Name

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Newport* <sup>Town</sup>*Chas* <sup>County</sup>

Date

of death 1905-

Month

*Mar*

Day

*8-*

Age

Years

*Still Born*

Months

Days

Sex

*Female*Color or  
Race*Colored*Birth-  
place*Newport*Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband*Emma Barber*Father's  
Name*Sam Barber*Father's  
Birthplace*Chas Co*Mother's  
Maiden Name*Emma Mitchell*Mother's  
Birthplace*Chas Co*Name of person giving  
In formation*Sam Barber*How related  
to deceased*Parent*

## CAUSES OF DEATH

Primary

*Not Known*

How long

Immediate

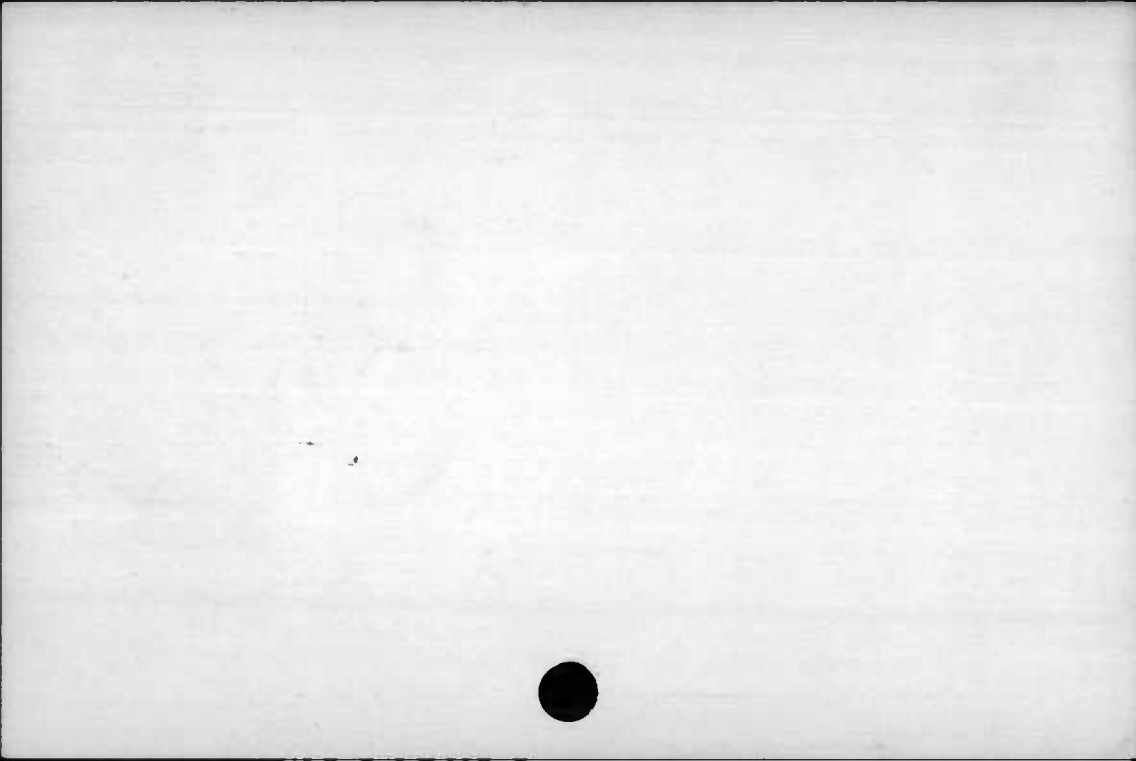
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*W. S. Yates**Surgeon Reg*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Barber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near Welcome<sup>County</sup> Charles

MARYLAND

Date of death 1905 <sup>Month</sup> March <sup>Day</sup> 4<sup>Years</sup> Age 18<sup>Months</sup><sup>Days</sup>

Sex Female

Color or  
Race

black

Birth-  
place

Charles Co

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

Smith Mahoney

Father's  
Birthplace

Charles Co

Mother's  
Maiden Name

Maria Barber Dent

Mother's  
Birthplace

Charles Co

Name of person giving  
In formation

Louis E Dent

How related  
to deceased

father-in-law

## CAUSES OF DEATH

Primary

Eclampsia

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Thos. S. Owen M.D.

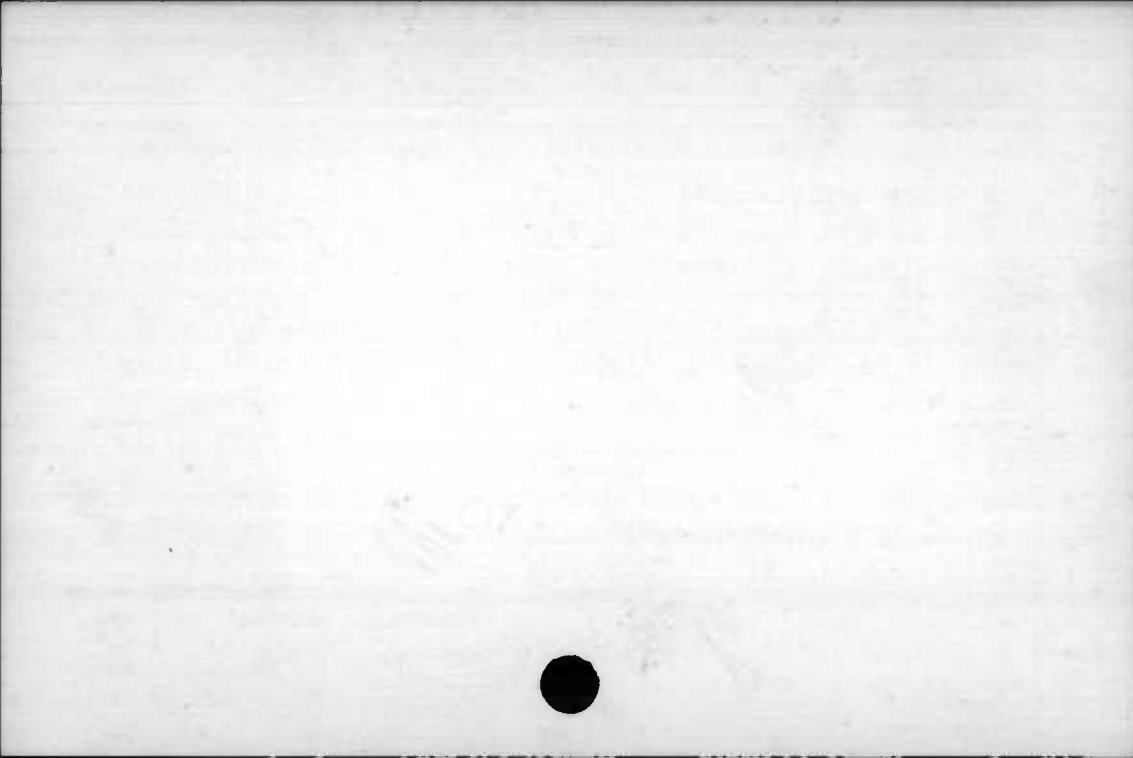
Address

La Plata Md

Accident or Suicide?

—

PHYSICIAN  
OR CORONER



Name in Full		Mary Butler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cedar Point		County Ches		MARYLAND
	Date of death		1905	Month 3	Day 25	Years 21	Months 11
	Sex		Female		Color or Race		Black
	Occupation				Birth-place		Cedar Point
					Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		None
PHYSICIAN OR CORONER	Father's Name		Lake Butler		Father's Birthplace		Ches <sup>o</sup> Md
	Mother's Maiden Name		Maria Williams		Mother's Birthplace		" " "
	Name of person giving information		John H. Green		How related to deceased		Cousin
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Consumption			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		None attending
					Address		Wm. F. Browner
						Sub. Reg	

W. F. Brannen  
S. R. y.

Name  
in  
Full

Margaret C. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Dunbarville Town Cheney County

DATE of death 190 5 Month Mar Day 16 Age — Years Months 11 Days —

Sex Female Color or Race Black Birth-place Mass.

Married, Single or Widowed Single Occupation —

Name of Wife or Husband —

Father's Name Willie Campbell Father's Birthplace Ind

Mother's Maiden Name Margaret Baswell Mother's Birthplace Ky.

Name of person giving information M. Campbell How related to deceased Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

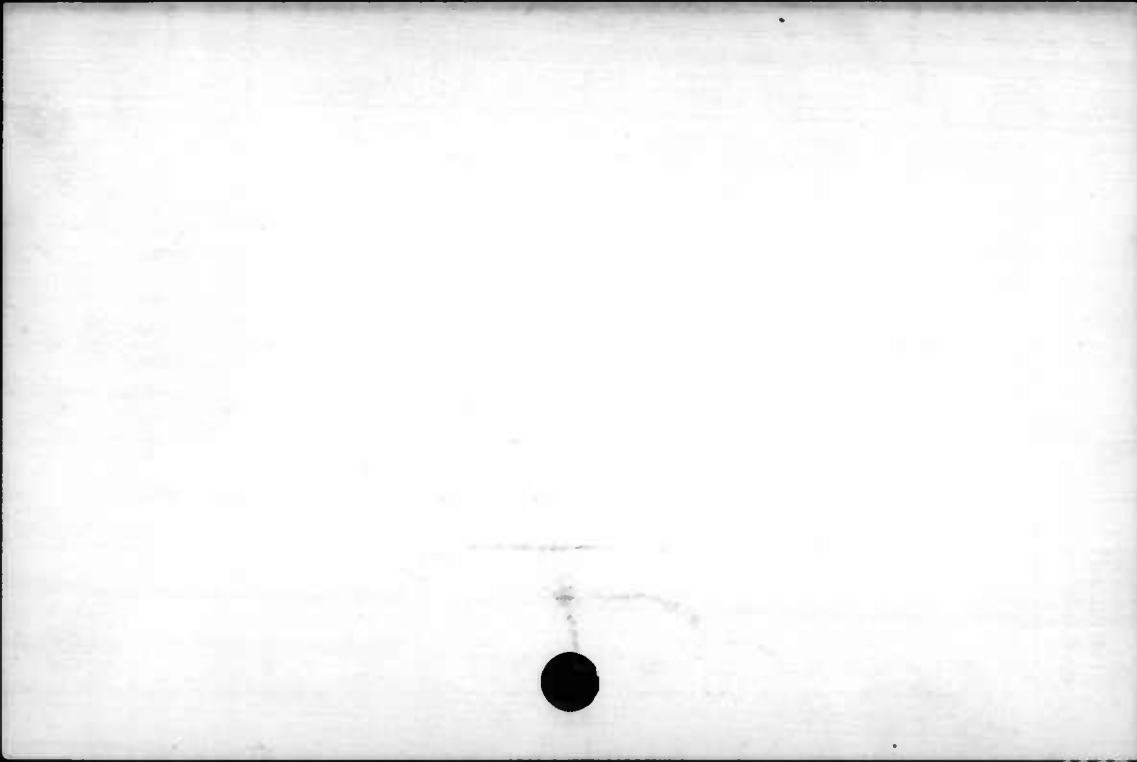
Primary Tuberculosis How long 6 mo

Immediate menstruation How long 3 wks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician D. C. Campbell

Address Dunbarville

Accident or Suicide? Ind





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *near Chickmays* Town*Cooper* CountyDate of death *1905* Month *March* Day *23*

Age Years Months Days

Sex *Female*Color or Race *B*

Birth-place

*Charles Co*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*William L. Cooper*

Father's Birthplace

*Charles Co*

Mother's Maiden Name

*Rena Swann*

Mother's Birthplace

*Charles Co*

Name of person giving information

*William L. Cooper*

How related to deceased

*Farther*

## CAUSES OF DEATH

Primary

*Delicate when Born*

How long

*3 days*

Immediate

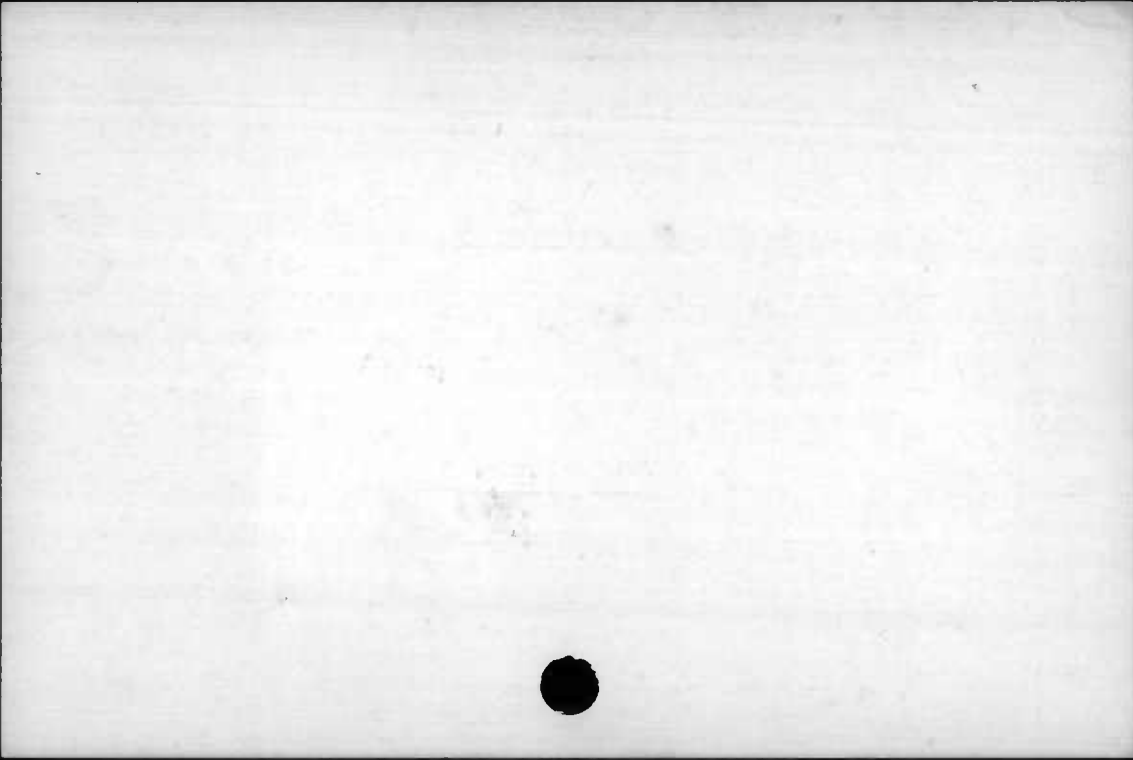
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Maximillian Clement**From sider po Charles Co md*

Accident or Suicide?



Name in Full

Certificate of Death

Mrs. Camilla L. Edelen

Town

County

Died at

Hutton Creek

Charles

MARYLAND

Date 19

06--

Month

Day

3-28

Age

Y.

M.

D.

73-

Native of

Occupation

Maryland Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband

of

Dr. Edward Edelen

Wife

Father's

Name

Dr. Joseph Lancaster

Mother's

Maiden Name

Miss Annitta Lancaster

Cause of

Primary

Chronic Disinfection + Paralysis 2 1/2 yrs.

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

66

J. L. Higdon M.D.  
Mayside Mt.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Caroline Franklin

CERTIFICATE OF DEATH

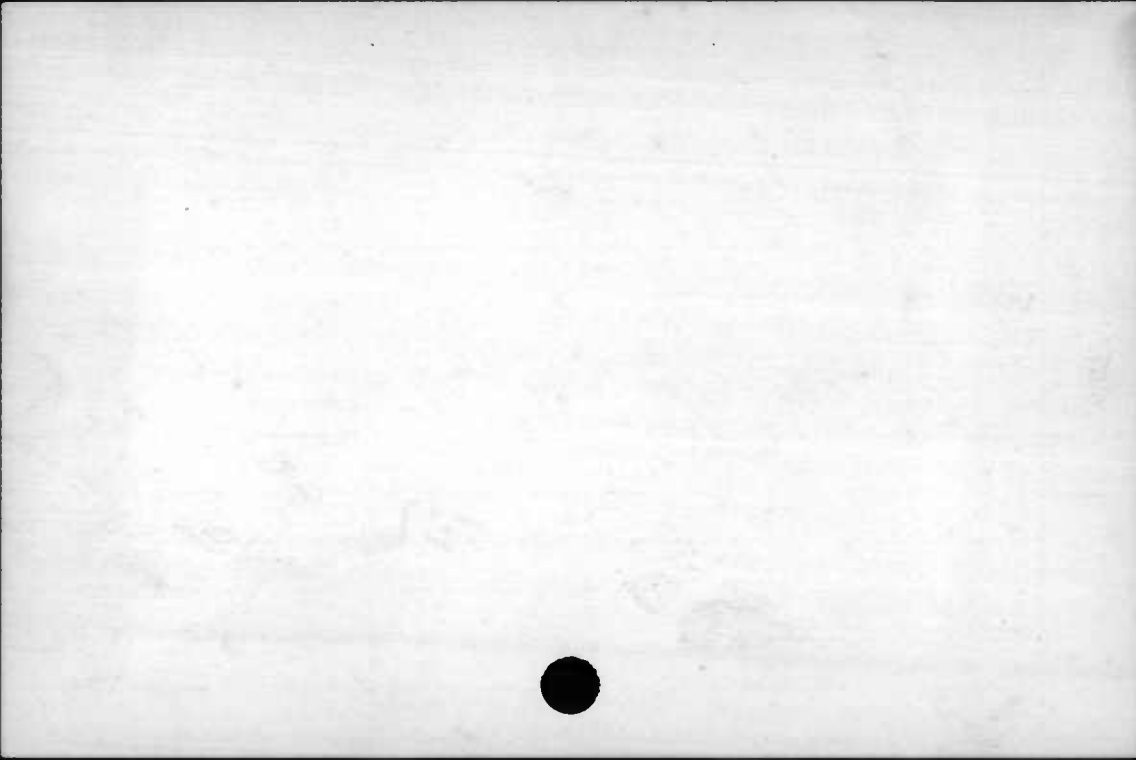
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Near Port Tobacco</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>31<sup>st</sup></i>	Years <i>26</i>	Months <i>3</i>	Days <i>3</i>		
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>				
Occupation <i>housewife</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Gus Franklin</i>						
Father's Name <i><del>Thos</del> Robert T. Morris</i>	Father's Birthplace <i>Charles Co</i>						
Mother's Maiden Name <i>Ellen Wood</i>	Mother's Birthplace <i>Charles Co</i>						
Name of person giving information <i>Gus Franklin</i>	How related to deceased <i>husband</i>						

## CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>about 12 mos</i>
Immediate <i>Cardiac Asthma overexhaust</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. S. Owen</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>—</i>	<i>med</i>

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

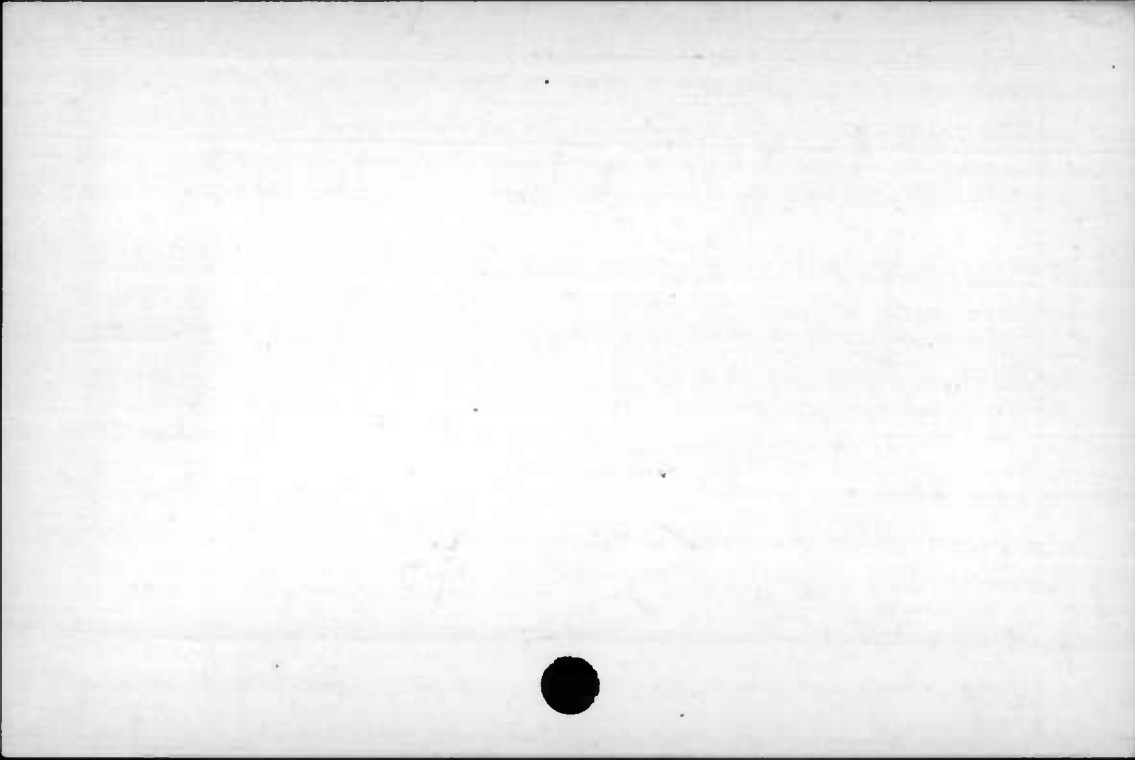
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sondaster</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>March</i> <sup>Day</sup> <i>9</i>		Age <i>7</i> <sup>Years</sup>		<i>7</i> <sup>Months</sup>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Charles Co Md</i>	
Occupation		Where Residing if not at place of death <i>Sondaster</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Sidney S Golden</i>		Father's Birthplace <i>Charles Co Md</i>			
Mother's Maiden Name <i>Irene Wheeler</i>		Mother's Birthplace <i>Charles Co Md</i>			
Name of person giving information <i>Arthur Golden</i>		How related to deceased <i>uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cold or Grippe</i>	How long <i>3 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Maximilian Clements</i>
	Address <i>Sub Regt</i>
Accident or Suicide?	





Name  
in  
Full

Rosina A. Halley

## CERTIFICATE OF DEATH

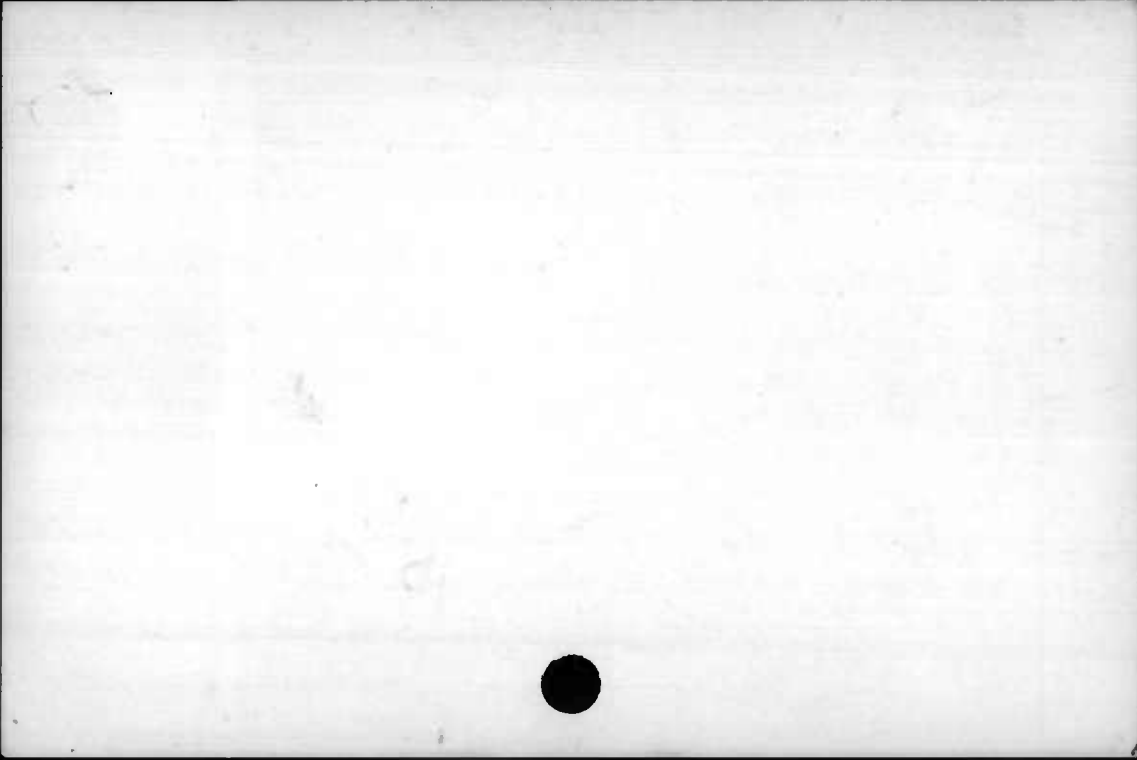
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pennwby</i> <sup>Town</sup>		<i>Chenier</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>March</i> <sup>Day</sup> <i>8</i>		Age <i>72</i> <sup>Years</sup>		<i>2</i> <sup>Months</sup>	<i>- 0 -</i> <sup>Days</sup>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chen. Co. Ind.</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Home.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Thomas B. Halley</i>		Father's Birthplace <i>Chen. Co. Ind.</i>			
Mother's Maiden Name <i>Maria Turner</i>		Mother's Birthplace <i>Chen. Co. Ind.</i>			
Name of person giving information <i>J. Thomas Halley</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>One week</i>
Immediate <i>Weak Heart</i>	How long <i>90</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Mitchell M.D.</i>
<i>Yes</i>	Address <i>Pennwby Ind.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Joseph Johnson

Died at *New Eastport* *Charles* County *MARYLAND*

Date of death *1906* Month *12* Day *1* Age *6* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Charles*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single, or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *William Johnson* Father's Birthplace *Charles*

Mother's Maiden Name *Louise Lewis* Mother's Birthplace *Charles*

Name of person giving information *William Johnson* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

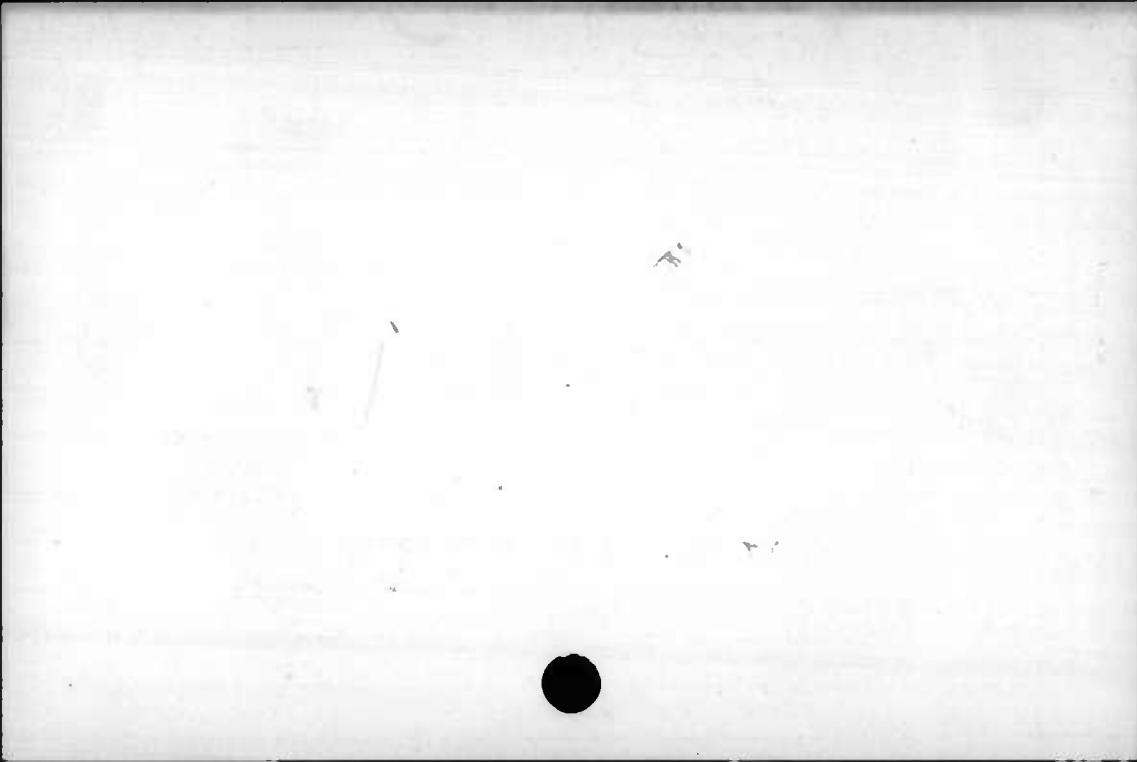
Primary *Pneumonia* *✓* How long *on west*

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Henry B. Johnson* Address *East Ray*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Anne M. Marshall

## CERTIFICATE OF DEATH

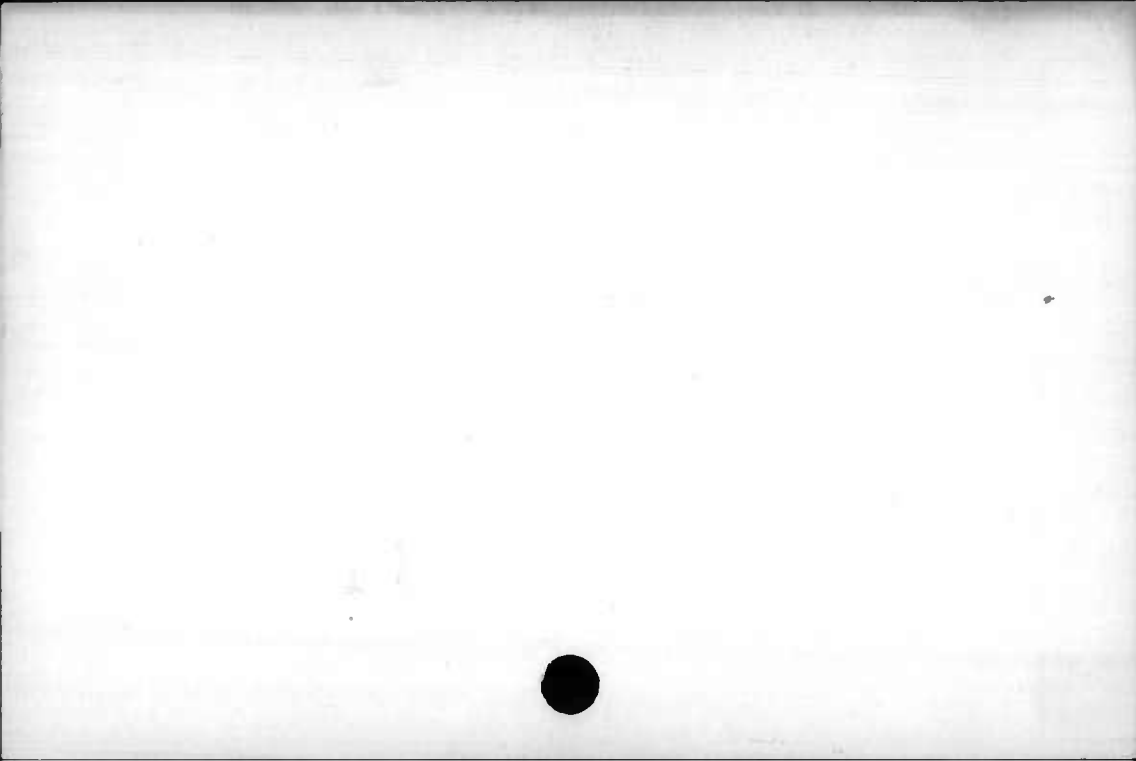
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Berry</u> Town		<u>Charles</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>March</u>	Day <u>7</u>	Age <u>4</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Charles County</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>at home</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles Marshall</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>C. Pinkney</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Hansen Jackson</u>			How related to deceased <u>Uncle</u>		

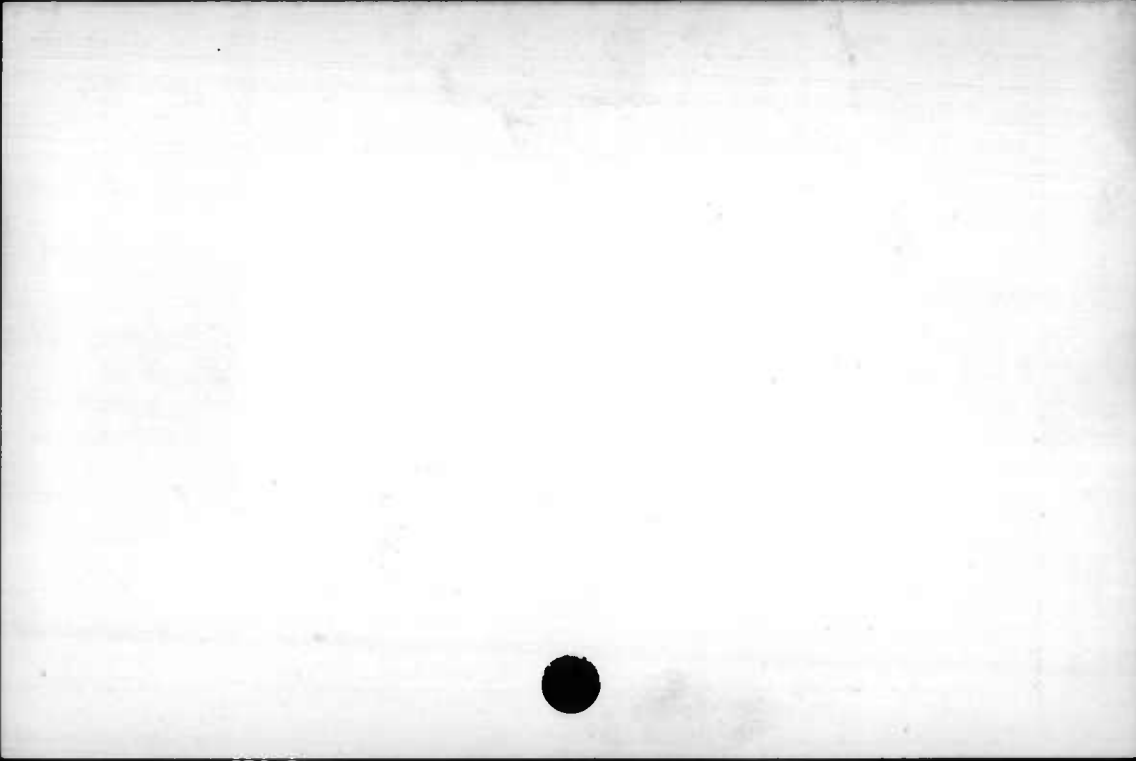
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Group</u>	How long	<u>Short while</u>
Immediate	<u>Exhaustion</u>	How long	<u>11</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. O. Monro</u>	
		Address <u>Waldorf Ind</u>	
Accident or Suicide? <u>—</u>			



Name in Full		Lucinda Mathews				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Bel Air		<sup>County</sup> Charles		MARYLAND		
		Date of death 1905		Month Mar.	Day 17	Age 69	Months	Days
		Sex Female		Color or Race African		Birth-place Charles Co		
		Occupation Midwife		Where Residing if not at place of death				
		Married, Single or Widowed Widow		Name of <del>Widow</del> Husband Frank Mathews				
		Father's Name James Young		Father's Birthplace Charles Co				
		Mother's Maiden Name Martha		Mother's Birthplace Charles Co				
Name of person giving information		Saml. Barber				How related to deceased Son.		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary (Fetid) Bronchitis		How long		years		
		Septicemia		How long		3 months		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
						Address		
				Bel Air				
				Charles Co Md				
		Accident or Suicide?						





Name  
in  
Full

Thomas Morris

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> near Doncaster <sup>County</sup> CharlesDate of death 1900 <sup>Month</sup> March <sup>Day</sup> 6 <sup>Age</sup> 26 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> 78 <sup>Birthplace</sup> Charles andOccupation Laborer <sup>Where Residing if not at place of death</sup> near DoncasterMarried, ~~Single~~ <sup>or Widowed</sup> <sup>Name of Wife or Husband</sup> Jennie BrownFather's Name William Adam <sup>nee Morris</sup> <sup>Father's Birthplace</sup> Charles andMother's Maiden Name Dora Morris <sup>Mother's Birthplace</sup> / / /Name of person giving information William Morris <sup>How related to deceased</sup> Uncle

## CAUSES OF DEATH

Primary Pneumonia <sup>How long</sup> 3 days

Immediate

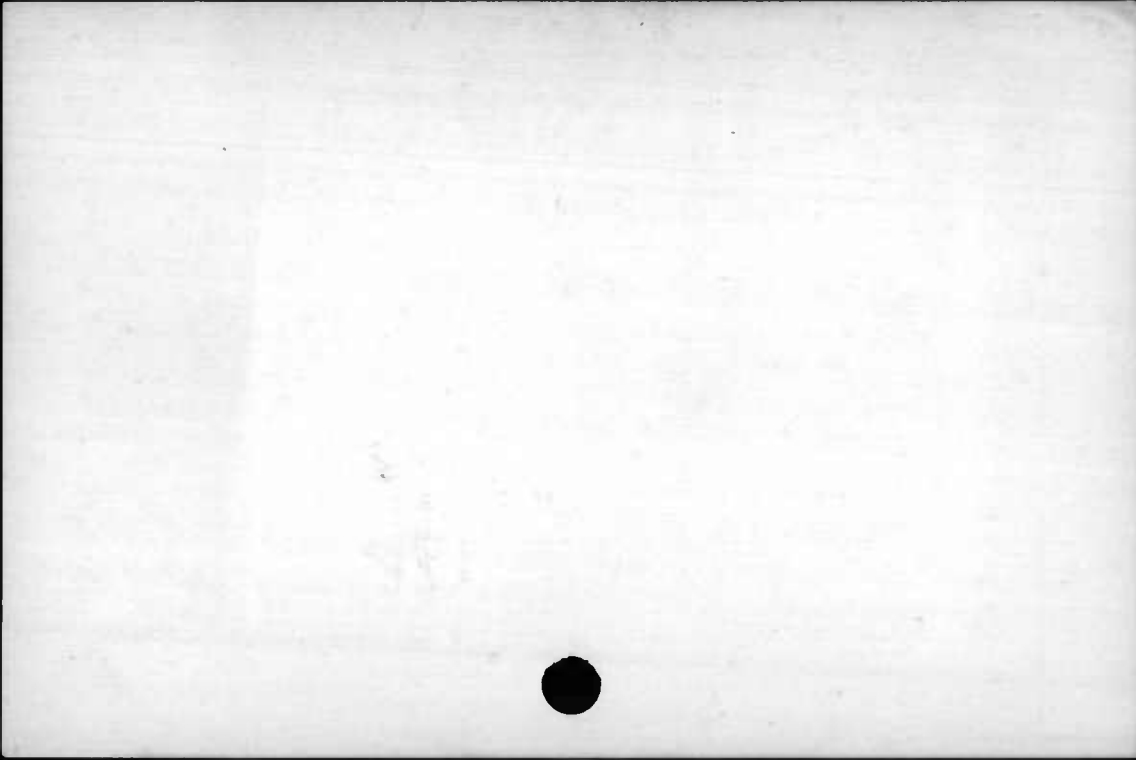
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph Robert Edelen Murray

Town

County

Died at

Chapel Point

Charles

MARYLAND

Date

of death 1905

Month

March

Day

13<sup>th</sup>

Age

Years

17

Months

3

Days

13

Sex

male

Color or  
Race

White

Birth-  
place

Charles Co.

Occupation

Where Residing if not  
at place of death

St. Thomas Manor

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William Allen Murray

Father's  
Birthplace

Charles Co.

Mother's  
Maiden Name

Mary Henrietta Edelen

Mother's  
Birthplace

Prince Geo. Co.

Name of person giving  
In formation

Gabriel F. Abell

How related  
to deceased

no Relation

## CAUSES OF DEATH

Primary

Pulmon Tuberculosis

How long

9 Mo

Immediate

Aerthemia

How long

6 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

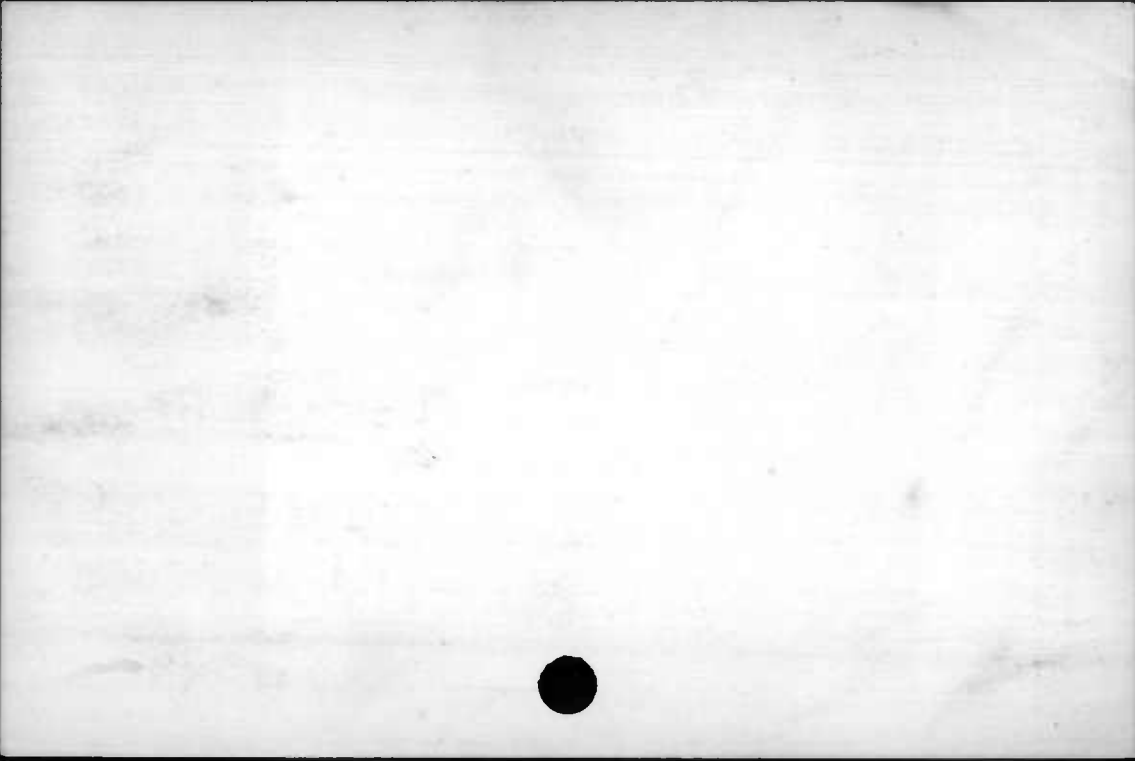
Signature of  
Physician

Address

*[Signature]*  
*[Address]*  
*[Signature]*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Alexander Norris* Town *Chapel Point* County *Charles* MARYLAND

Died at *Chapel Point*

Date of death *1905* Month *March* Day *1* Age *—* Years Months *—* Days *9*

Sex *Male* Color or Race *Colored* Birth-place *Chapel Point*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Robert Norris* Father's Birthplace *Charles Co.*

Mother's Maiden Name *Hattie Duckett* Mother's Birthplace *Charles Co.*

Name of person giving information *Mrs. Francis A. Posey* How related to deceased *no relation*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Smothered in bed, by bed covering* How long *Don't know*

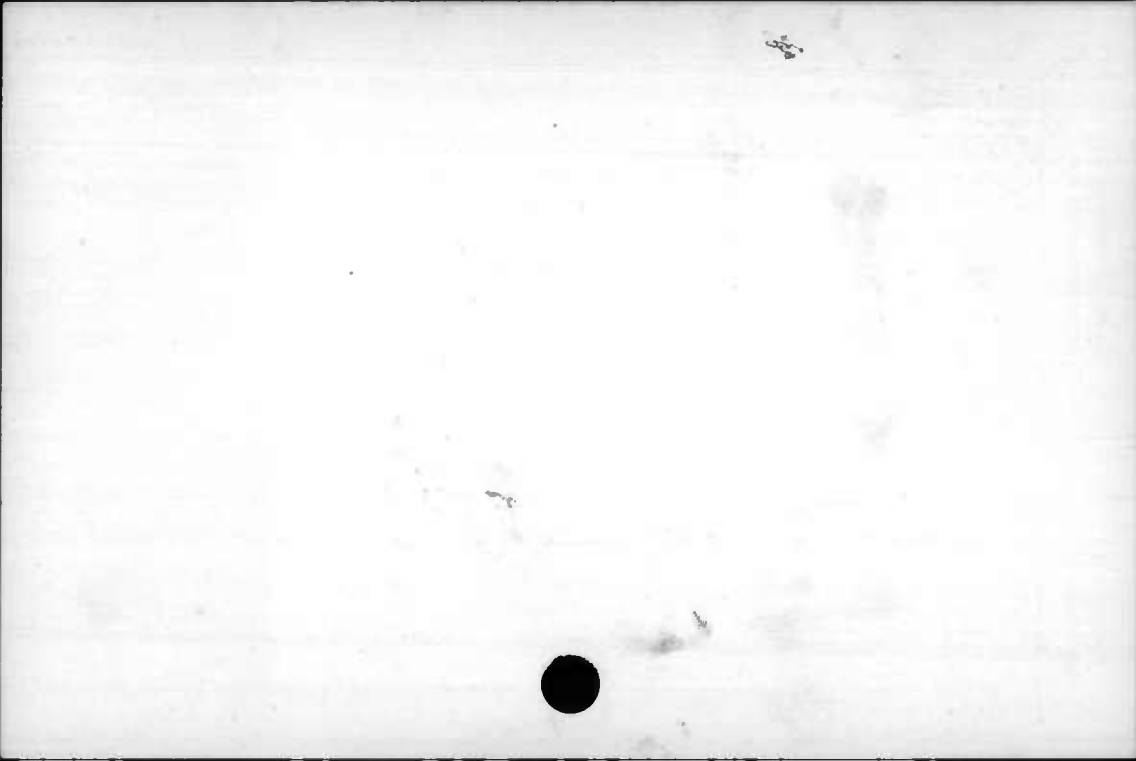
Immediate *Suffocation* How long *Dead when found.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Peter W. Roby J.P. Coroner*

Address *Bell Station*

Accident or Suicide? *—*



Name  
in  
Full

C. B. Padgett

## CERTIFICATE OF DEATH

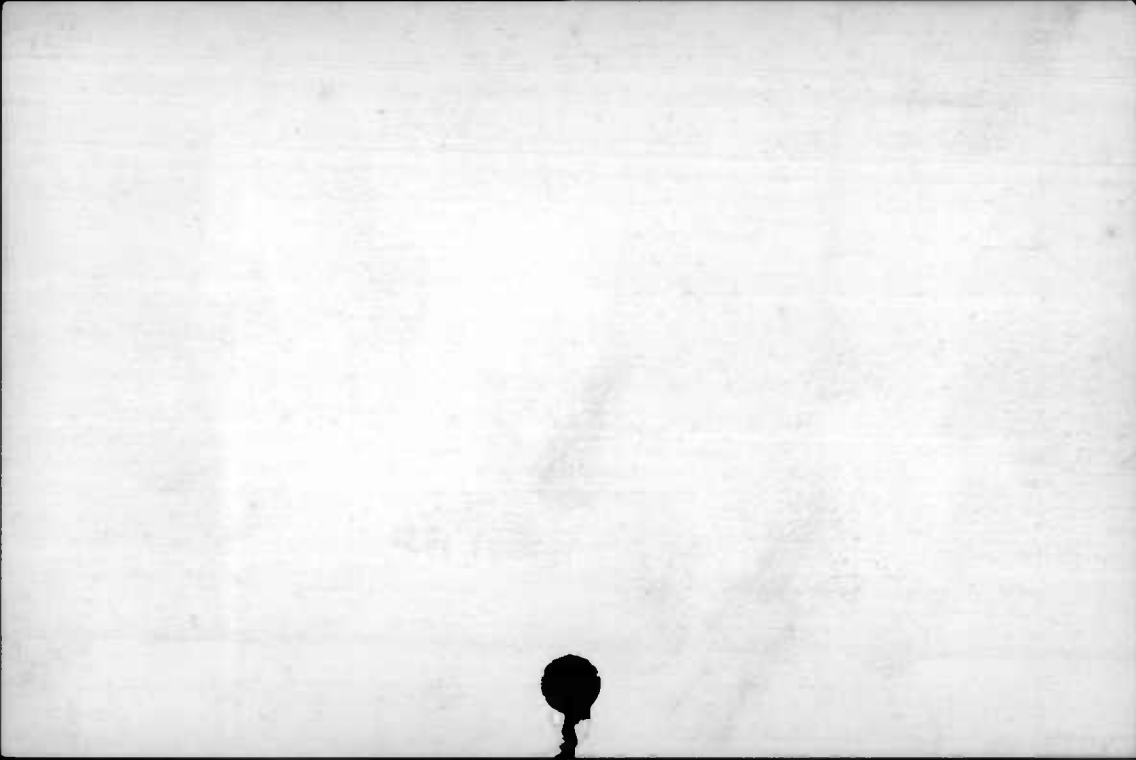
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>La Plata</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>13</i>	Age <i>62</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Charles Co</i>	
Occupation <i>Blacksmith &amp; wheelwright</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband			
Father's Name <i>James S. Padgett,</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Mary Robey</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Chas B Padgett Jr.</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asthma &amp; Pneumonia</i>	How long <i>193</i>	How long <i>7 days</i>
Immediate <i>cardiac asthma</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos S Owen M D</i>	
	Address <i>La Plata,</i>	
	<i>md.</i>	
Accident or Suicide?		





Name  
in  
Full

Marcellious Guy Pickcrall

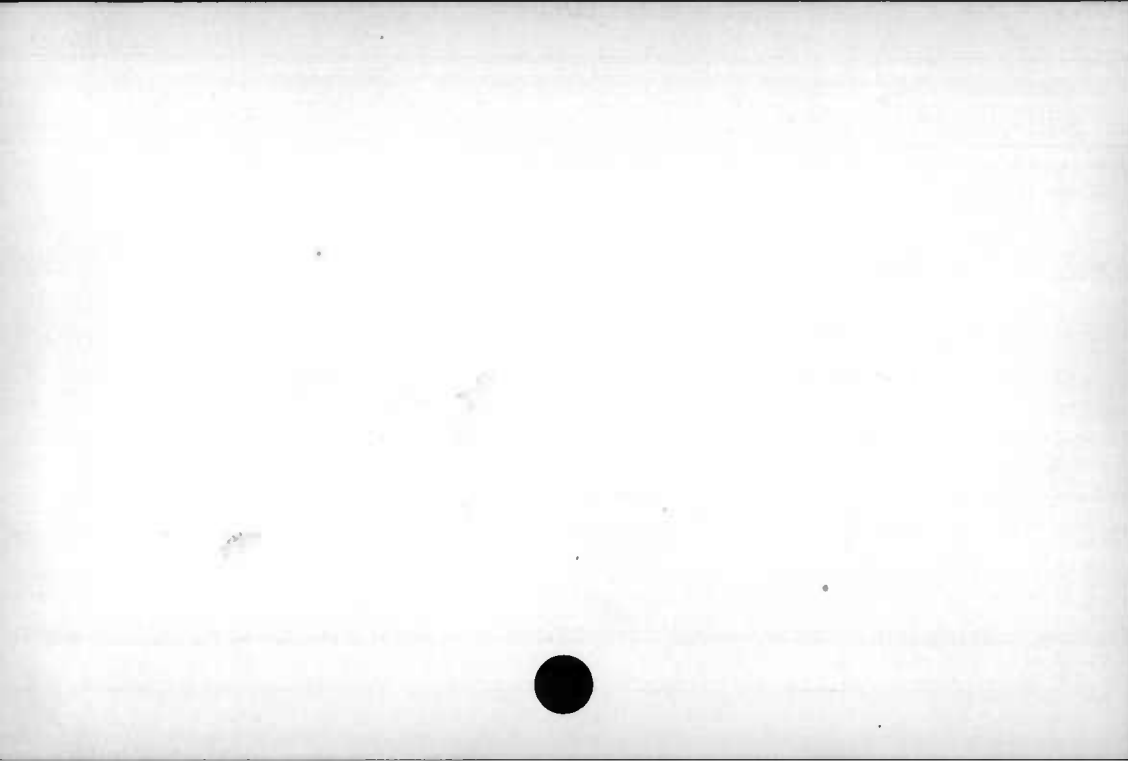
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Berry</i> <sup>Town</sup>		<i>Chas</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>16</i>	Age <i>7</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chas Co Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Marcellious Pickcrall</i>			Father's Birthplace <i>Chas Co</i>		
Mother's Maiden Name <i>Anna Williams</i>			Mother's Birthplace <i>Chas Co</i>		
Name of person giving information <i>Marcellious Pickcrall</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

Primary <i>Choked</i>	How long <i>Hour</i>
Immediate <i>Suffocation</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Now in Attendance</i>
	Address <i>S. M. Pickcrall</i>
Accident or Suicide? <i>—</i>	Sub. Reg: <i>Waldorf</i>



Name  
in  
Full

Eliza Robbins Sewell

## CERTIFICATE OF DEATH

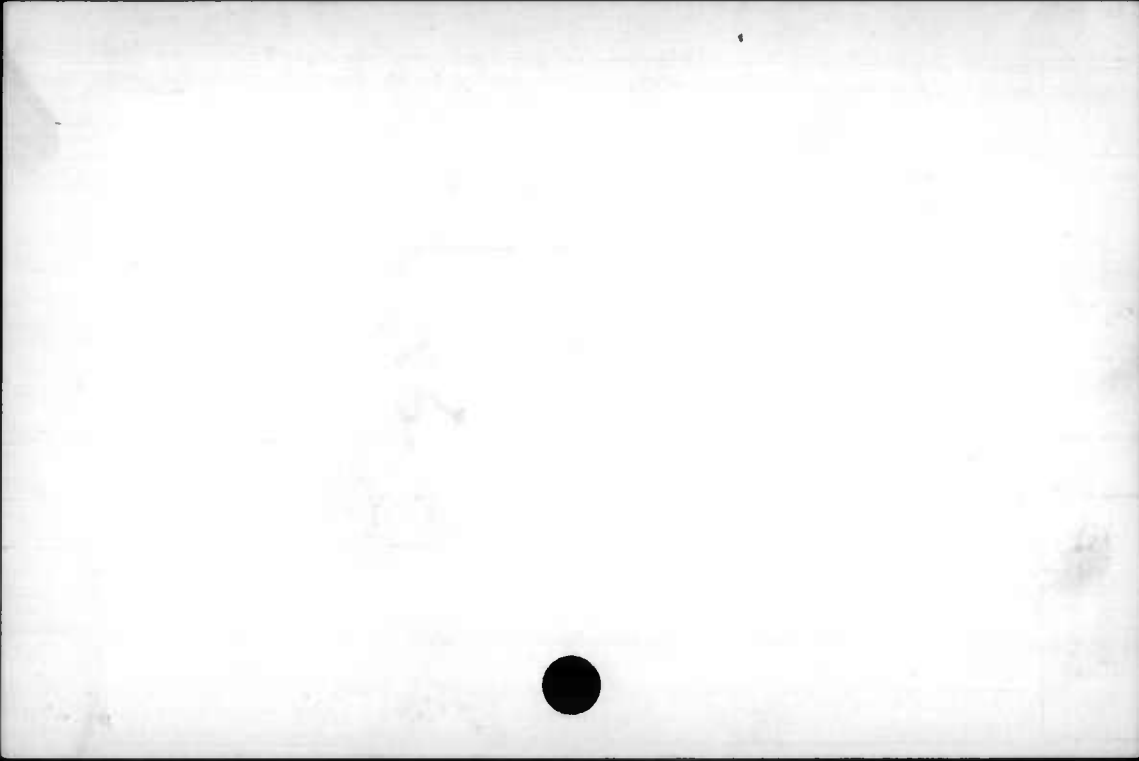
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Mar</i>		Day <i>5</i>		Age <i>67</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Charles Co.</i>			
Occupation <i>Midwife</i>		Where Residing If not at place of death <i>M<sup>c</sup> Clanchia</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>George Sewell</i>					
Father's Name <i>Thomas Robbins</i>		Father's Birthplace <i>Charles Co.</i>					
Mother's Maiden Name <i>Meria Butler</i>		Mother's Birthplace <i>Charles Co.</i>					
Name of person giving Information <i>Joe. Robbins</i>		How related to deceased <i>Brother</i>					

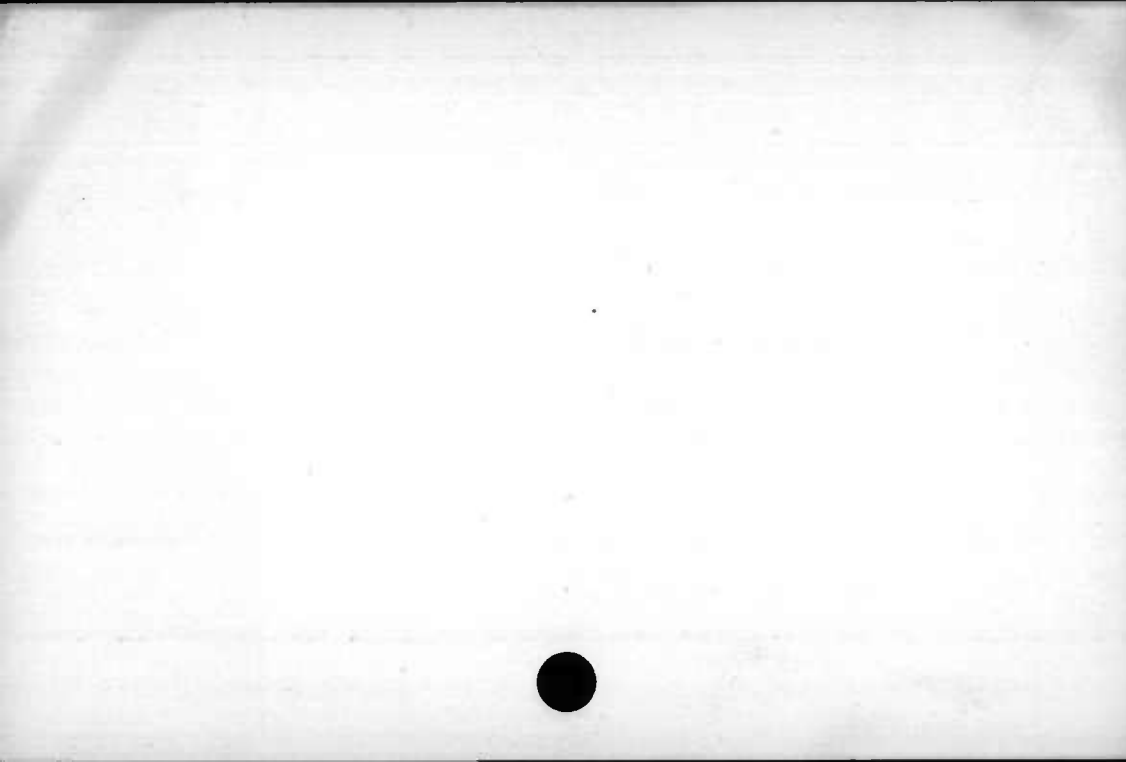
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

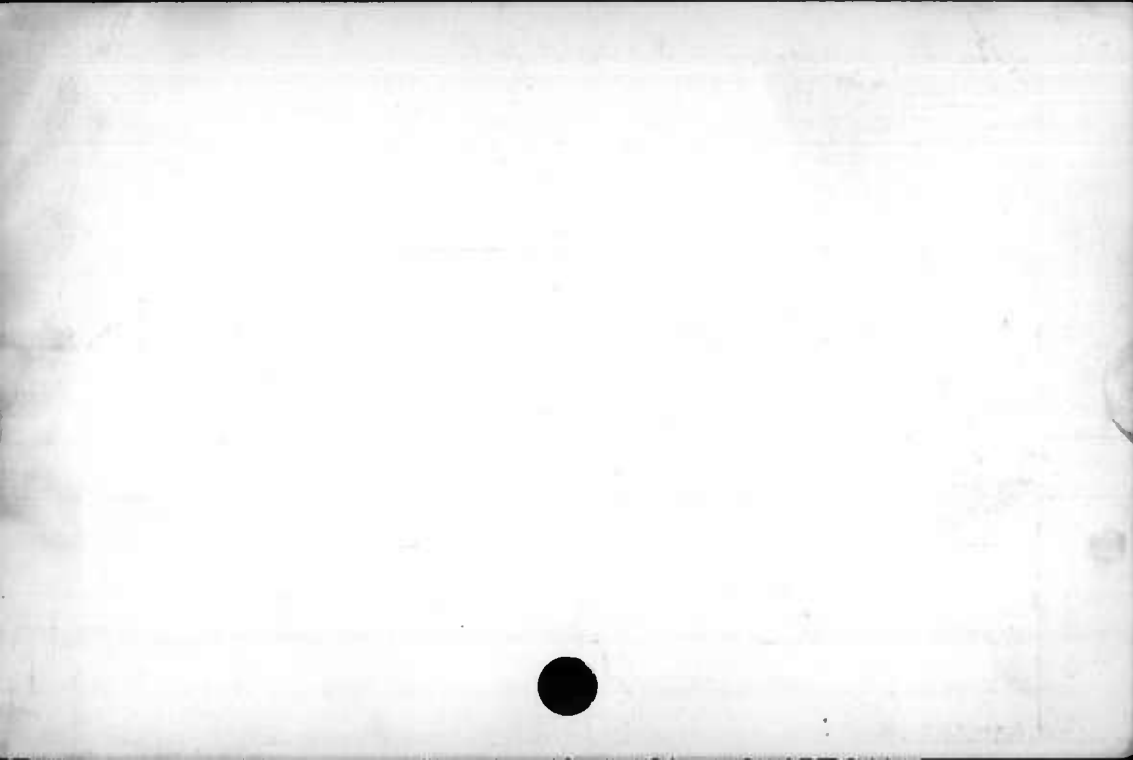
Primary <i>Tuberculosis Pulmon.</i>		How long <i>3 years</i>	
Immediate <i>Asthma &amp; La Grippe</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. J. Jernigan</i>	
		Address <i>Bel Air</i>	
		<i>Charles Co. Md</i>	
Accident or Suicide?			



Name in Full		John David Simms				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Spring Hill		County		Charles		
			Town				County		
	Date of death		1905	Month	Mar.	Day	28	Age	
							Years	55	
							Months	—	
							Days	—	
	Sex		Male		Color or Race		African		
	Occupation		Laborer		Where Residing if not at place of death		—		
Married, Single or Widowed		Married		Name of Wife or Husband		Susan Simms			
Father's Name		John Simms				Father's Birthplace		Charles Co.	
Mother's Maiden Name		Susan Ann (not known)				Mother's Birthplace		Charles Co.	
Name of person giving information		Wm Francis Simms				How related to deceased		Son	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Cardiac Thrombosis				How long		years
	Immediate		Low Compensation				How long		16 Weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. J. [Signature]		
					Address		Bel Air Md		
	Accident or Suicide?		No						



Name in Full <b>Jessie Simpson</b>		Town <b>Dunbar</b>		County <b>Chas</b>		CERTIFICATE OF DEATH	
Died at <b>Dunbar</b>		Month <b>March</b>		Day <b>26</b>		Years <b>3</b>	
Date of death <b>1905</b>		Months <b>4</b>		Days <b>—</b>		MARYLAND	
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>md</b>			
Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Henry Simpson</b>		Father's Birthplace <b>md</b>					
Mother's Maiden Name <b>Nutice Jackson</b>		Mother's Birthplace <b>md</b>					
Name of person giving Information <b>W. H. Dancy</b>		How related to deceased <b>none</b>					
CAUSES OF DEATH							
Primary <b>Disease of heart with Dropsy</b>		How long <b>12 Months or more</b>					
Immediate <b>—</b>		How long <b>—</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>S. H. Beake</b>		Address <b>Chas</b>			
Accident or Suicide? <b>—</b>							





Name  
in  
Full

Infant-Child of Francis Tutman

CERTIFICATE OF DEATH

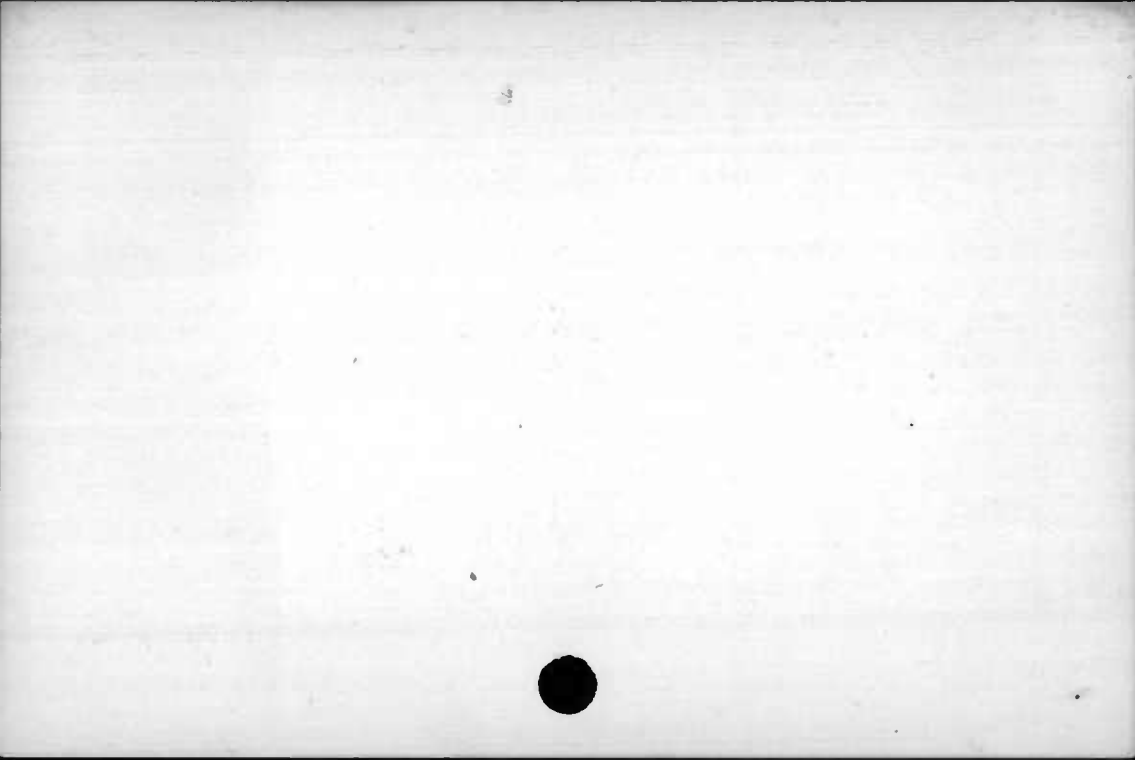
TO BE ANSWERED BY  
NEAREST FRIEND

Died <input checked="" type="checkbox"/> Near		Town <i>Douglas</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>March</i>	Day <i>4th</i>	Age <i>still Born</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>W</i>		Birth-place <i>Charles</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Joe Tutman</i>		Father's Birthplace <i>Charles Edna</i>					
Mother's Maiden Name <i>Francis Nelson</i>		Mother's Birthplace					
Name of person giving information <i>Ann Johnson</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Maximilian Clement</i>
		Address <i>Sub Regt</i>
Accident or Suicide?		



Name  
in  
Full

Mary L. Woodland

## CERTIFICATE OF DEATH

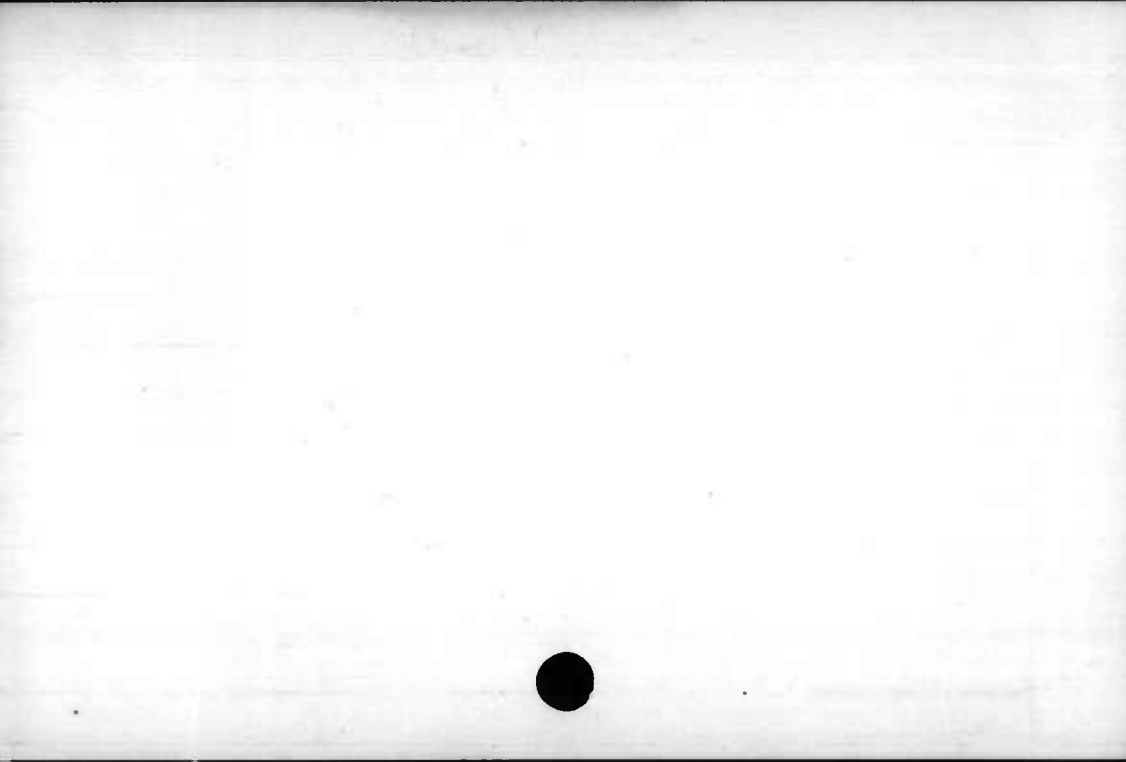
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bryantown		County Charles		MARYLAND	
Date of death 1905	Month Mar	Day 14	Age 8	Years	Months	Days	
Sex Female	Color or Race Black		Birth- place Md				
Married, Single or Widowed Single			Occupation —				
Name of Wife or Husband —							
Father's Name Andrew Woodland				Father's Birthplace Md			
Mother's Maiden Name Margaret Davis				Mother's Birthplace Md			
Name of person giving In formation Andrew Woodland				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Gastritis	How long	4 days
Immediate	Heart Failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. C. Choppin	
		Address Hagerstown Md	
Accident or Suicide?			



Name in Full		Blanche Yalis				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Wicomico		Chas					
		Date of death	1906	Month	Mar	Day	31	Age	21
		Sex	Female	Color or Race	Colored	Birthplace	Charles Lee		
		Occupation	None			Where Residing if not at place of death			
		Married, Single or Widowed	Single		Name of Wife or Husband				
		Father's Name	W J Yalis			Father's Birthplace	Chas Lee		
		Mother's Maiden Name	Ann Walter			Mother's Birthplace	Chas Lee		
		Name of person giving information	W J Yalis			How related to deceased	Parents		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Consumption			How long	1 yr		
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		W. S. Yalis		
					Address		Sub Reg		
		Accident or Suicide?							

